

L07000079818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

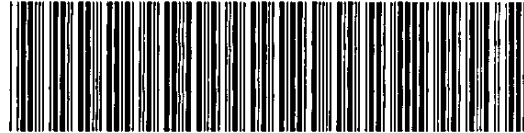
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07 AUG -2 AM 11:46

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 AUG -2 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Coastal Bay Ltd., LLC

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- FILED
07 AUG - 2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- ☐ Art of Inc. File
☐ LTD Partnership File
☐ Foreign Corp. File
☒ L.C. File
☐ Fictitious Name File
☐ Trade/Service Mark
☐ Merger File
☐ Art. of Amend. File
☐ RA Resignation
☐ Dissolution / Withdrawal
☐ Annual Report / Reinstatement
☐ Cert. Copy
☒ Photo Copy
☐ Certificate of Good Standing
☐ Certificate of Status
☐ Certificate of Fictitious Name
☐ Corp Record Search
☐ Officer Search
☐ Fictitious Search
☐ Fictitious Owner Search
☐ Vehicle Search
☐ Driving Record
☐ UCC 1 or 3 File
☐ UCC 11 Search
☐ UCC 11 Retrieval
☐ Courier



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07 AUG -3 AM 11:38

FLORIDA DEPARTMENT OF STATE

Division of Corporations
TALLAHASSEE, FLORIDA

August 2, 2007

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: COASTAL BAY LTD., LLC

Ref. Number: W07000037636

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

FILED
07 AUG -2 PM 4:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for COASTAL BAY LTD., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

A Florida LLC may not use the double suffix "LTD., LLC".

If you want to use LLC, then you must drop the "LTD."

Instead of LLC, you could use the words "LIMITED LIABILITY COMPANY" or some abbreviation of the three words such as "LTD. LIABILITY COMPANY",.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 107A00047878

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of this Company shall be:

COASTAL BAY TRANSPORTATION, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 1013 LOTUS PATH, CLEARWATER, FLORIDA 33756.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

PATRICK M. O'CONNOR, ESQUIRE
O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FLORIDA 33771

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

O'CONNOR & ASSOCIATES

By: _____

Patrick M. O'Connor, Registered Agent

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07 AUG -2 PM 4:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	JOHN G. DEAN 1013 LOTUS PATH CLEARWATER, FLORIDA 33756

ARTICLE V
MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.



PATRICK M. O'CONNOR

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)